OFNIDED, COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X  B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:  United Hates District Cowl  office of the Clerk	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
9590 9402 7403 2055 3165 25	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery	□ Priority Mall Express® □ Registered Mail™ □ Registered Mail Restricte □ Delivery □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) 7020 31-60 0000 6159 7231 PS Form 3811, July 2020 PSN 7530-02-000-9053	Mail Mail Restricted Delivery	Domestic Return Recei

6	TRACKING#	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
	103 2055 3165 25	
United States Postal Service	*Sender: Please print your name, address, a Mark Amith 227 North Vermont after the June June June June June June June Jun	We #1403

հոյհուրՍիլմիիութեովիթիվՈւցիլիաիդՈւինիցիվիկ